2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L56883

1. Entity Name
AMERICAN OMNI TRADING COMPANY

Principal Place of Business	Mailing Address
3200 WILCREST, SUITE 415 HOUSTON, TX 77042	PO BOX 42099 HOUSTON, TX 77242

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1887081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVENREICH, DAVID C
406 S. PROSPECT AVENUE
CLEARWATER, FL 33756

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACKIN, TOM
STREET ADDRESS	3200 WILCREST #415
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	VP
NAME	DUNLAP, MIKE
STREET ADDRESS	EUREKA EXTENDED
CITY-ST-ZIP	BATESVILLE, MS
TITLE	T
NAME	GRAY, BUDDY
STREET ADDRESS	EUREKA EXTENDED
CITY-ST-ZIP	BATESVILLE, MS
TITLE	S
NAME	BRACKIN, KATHY
STREET ADDRESS	3200 WILCREST #415
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80043-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/1/06 713/65-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #